

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 12

1. PLACE OF DEATH A. COUNTY <u>Yavapai</u>		B. LENGTH OF STAY IN THIS TOWN <u>11</u> yrs <u>40</u> yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Yavapai</u>	
C. CITY OR TOWN <u>Bagdad</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Bagdad</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>at his residence in Bagdad</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>---</u>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Ernest</u> B. (MIDDLE) <u>Russell</u> C. (LAST) <u>Dickie</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
6B. NAME OF SPOUSE <u>Edith Dickie</u>		7. DATE OF BIRTH MONTH <u>Jan</u> DAY <u>11</u> YEAR <u>1902</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>53</u>	IF UNDER 1 YEAR MONTHS <u>---</u> DAYS <u>---</u>	IF UNDER 24 HRS. HOURS <u>---</u> MIN. <u>---</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>Copper Indust.</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Colorado</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>no</u>	13. SOCIAL SECURITY NO. <u>526 03 0668</u>
14A. FATHER'S NAME <u>Edward J. Dickie</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Colorado</u>	15A. MOTHER'S MAIDEN NAME <u>Clare Foltz</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Indiana</u>
16. INFORMANT'S SIGNATURE <u>Edith Dickie</u> ADDRESS <u>Box 518, Bagdad, Arizona</u>			17. DATE OF DEATH (MONTH) <u>December</u> (DAY) <u>14</u> (YEAR) <u>1955</u>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Acute Coronary Thrombosis</u> DUE TO (B) <u>---</u> DUE TO (C) <u>---</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>July 18</u> , 19 <u>54</u> , TO <u>December 14</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>December 14</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>12:25</u> A. <u>M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <u>SW Holton</u> (DEGREE OR TITLE) <u>M.D.</u>		22B. ADDRESS <u>Bagdad, Arizona</u>		22C. DATE SIGNED <u>12-15-55</u>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		25B. DATE <u>12/16/55</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Mt. View Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Prescott, Arizona</u>
26A. DATE REC. BY LOCAL REG. <u>12-19-55</u>		26B. REGISTRAR'S SIGNATURE <u>W. Eugene Despain</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Ruffner</u>	
				27B. ADDRESS <u>Prescott, Arizona</u>	